JACKSON (J. N.)

# THE CONSERVATIVE TREND.

BY

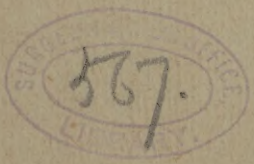
JABEZ N. JACKSON, A. M., M. D.,

Professor of Anatomy and Adjunct Professor of Surgery, University Medical College, Kansas City, Mo.

REPRINTED FROM THE

New York Medical Journal

*for August 1, 1896.*



*Reprinted from the New York Medical Journal for August 1, 1896.*


# THE CONSERVATIVE TREND.*

By JABEZ N. JACKSON, A.M., M.D.,

PROFESSOR OF ANATOMY AND ADJUNCT PROFESSOR OF SURGERY, UNIVERSITY MEDICAL COLLEGE, KANSAS CITY, MO.

A CRITICAL review of the progress of surgery during the past year impresses one with the fact that it has been a period not so much of innovation and discovery, but rather one of deliberation and development. The work of the past decade in surgery has been both voluminous and brilliant. The dawning of the new era of antisepsis and asepsis has been followed by most startling achievements. The danger of sepsis and its correlating conditions, which ere this time rose as a black nightmare before the vision of Ambition, had limited surgery to a comparatively narrow part of the great science of healing. Before the immortal discoveries of the great Sir Joseph Lister, however, in one moment the forbidding walls were laid low. Fields of investigation hitherto looked upon only as *terra incognita* now became the scene of busy activity in surgery. Pathological conditions which had previously baffled the wisest counsel

* Address as Chairman of the Committee on Progress of Surgery of the Missouri State Medical Association, at Sedalia, Mo., May 20, 1896.

and most ingenious devising of medicine now invited the efforts of the new surgery. Enthusiasm naturally ran wild, and with neither chart to guide nor theory to control, experimental surgery began its new career. Before each aspiring surgeon lay open rich fields of unexplored wealth, with visions of fortune and eternal fame awaiting his command. Each man a pioneer and none a guide was truly an enticing opportunity. The work of the past decade has naturally, therefore, been more fraught with discovery than that of any which had gone before—nay, perhaps, than that of all which had gone before—and gives it rank in history as the golden age of surgery. Many of its achievements have brought inestimable good to the human race, and paved the way for surgery to its recognition as one of the grandest and noblest of all the sciences and arts.

It is not my purpose in this paper to detract in the least degree from the high measure of praise and commendation due to the surgery and to the surgeons of the decade that is gone. As, however, the explorer of all new lands, unguided by experience, commits errors apparent to his retrospection, so surgery in its new work has with enthusiasm advanced some doctrines which its present wisdom and experience must lead it to discard. The collection of data must precede the classification and establishment of any true science or the enunciation of fixed principles arising therefrom. These years which have gone before, therefore, have been invaluable in the collection of vast elements of advanced truth.

The past year, though indeed largely barren in new exploration, must likewise be considered as time most wisely spent in the critical analysis of the facts already adduced and in the deduction of sound principles for

future work. This is the time of reckoning, and we should now be able to in a measure weigh our discoveries and ascertain the true relation of surgery to the problems of human life and human happiness. The result of these deliberations has demonstrated to us many excesses of our zeal and led to a decided trend toward conservatism in surgery; not that conservatism, however, which but masks the face of ignorant inactivity, but a truer and higher conservatism which puts life first, then function, and finally form.

In the limited confines of this paper it would be manifestly impossible for me to indicate the scope of this conservatism in all the departments of surgery. I shall therefore confine my remarks to some of its applications in various affections of the great cavities, since it is in this realm that radicalism has been most marked and has done the greatest damage as well as the greatest good.

## Brain Surgery.

We are to-day just emerging from an inundating tidal wave of brain surgery. Within the past few years there has been scarcely a pathological condition to which the brain is subject that has not been submitted to the trial of operative surgery for its relief. Medical skill had for years exercised its best efforts for the cure or control of diseases of cerebral origin, and, in a vast majority of conditions, with but limited or no success. With great expectation and hope, therefore, the profession turned its thoughts to the possibility of relief by surgical measures. In this department of work has been enlisted the services and talents of many of the most distinguished members of the brilliant mass of modern surgeons, aided and counseled by the most eminent neu-

rologists throughout the world. True it is these labors have brought to us knowledge of inestimable value. Cerebral localization and an accurate understanding of much of the physiology and physiological anatomy of the various portions of the brain are achievements which have placed medicine upon a scientific and accurate basis in the diagnosis of cerebral pathology, and shall forever stand as a brilliant record to the credit of brain surgery. But how disappointing, alas, have been all our efforts when viewed from the standpoint of therapeutic value!

Epilepsy.—The possibility of relieving the distressing and heretofore largely hopeless cases of epilepsy, for instance, how eagerly and even enthusiastically it was embraced! The theory that all epilepsy of cerebral origin was attributable to local excitation, and that the removal of the offending cause would insure a disappearance of its ensuing clinical manifestations, seemed indeed logical, both in its premises and in its conclusions. All forms and degrees of epilepsy, whether general or focal, have been, therefore, subjected to varied operative procedures. The temporary benefit following nearly all operations for a short time led us at first to believe that we finally had found the happy solution of this vexatious problem. How limited, alas, have the ultimate results proved our power! In general epilepsy it was soon demonstrated that nothing is to be expected from surgical intervention. This, however, has occasioned no great surprise, as little rational hope was ever entertained for this class of cases. Even in focal, cortical epilepsy, however, dependent upon a distinct and localized lesion susceptible of removal, the history of our work shows a sad lack of permanency in results. As Eulenburg says: "By the excision of an area of the cerebral cortex the

attacks may be made to stop for a short time; but they return after a while." Von Bergmann further asserts that "only those cases of cortical epilepsy are cured by trephining which are due to tumors, especially cysts, which are often the results of intrameningeal exudations due to traumatism over or within the circumscribed motor area." Nancrede also affirms that his experience, like that of Horsley, Keen, and other surgeons, has demonstrated a lack of permanency in results, and looks upon the removal of the discharging lesion in cortical or Jacksonian epilepsy as a merely palliative procedure. He further observes that "the earlier the operation is done after disease has become established, the longer the immunity," and adds that "it is possible that if trephining were resorted to early, the operation in a few instances might prove curative, if a reliable method were devised to prevent the inevitable scar, and the adhesions between the brain and its meninges." Universal experience, however, demonstrates that after degeneration of nerve substance has set in, it is too late for surgery.

We may remove the primary cause; but the degeneration, which is the secondary and efficient cause of epilepsy, is beyond our control with present methods. One vastly important observation, however, has been impressed upon the surgeon's mind by his experience in the surgery of epilepsy—namely, that a large percentage of the cases of epilepsy are due to remote traumatism of the skull, either unrecognized at the time or, if recognized, improperly handled. The significance of this observation should not be overlooked in dealing with any injury about the head, and I confidently believe that the true conservative surgery of traumatic epilepsy is the radical surgery of the trauma. With Lanphear I can

quite agree in the aphorism that "the way to cure traumatic epilepsy is to prevent it."

Imbecility and Idiocy.—The operative treatment of imbecility and idiocy has also proved a complete failure. As Dana has aptly said: "This operation was originally devised on the theory that by cutting open the skull of the microcephalic child, opportunity was given the brain to grow. This theory, which was never substantiated by facts and never held by any experienced neurologist, has been, of course, overthrown. . . . What the operation does is this: It has a profoundly disciplinary effect upon the idiot. . . . The operation of craniotomy upon children in institutions attracts the attention of nurses and of all the medical officers, and the children get more care and more stimulating words of help in various directions. I would repeat, therefore, that it is in my opinion largely due to its pedagogic influence that an improvement in these cases takes place, and that the operation is allied in its effects to a severe piece of castigation." Many surgeons have, however, justified and praised this character of work on the ground that, in view of the absolutely hopeless and practically helpless condition of these unfortunates, their lives were but a burden to their friends and a mere blank to themselves.

The moral side of the question has been apparently lost from view in our excessively utilitarian tendency. In his masterly address on surgery before the recent meeting of the American Medical Association, Senn very beautifully and forcibly draws attention to this subject in the following language: "I am free to confess that I have never been able to muster my courage to attack the skull of a poor microcephalic child, because I have

always regarded the operation as useless in promoting brain development. The responsibility of the surgeon is not limited to the defective mental development of the child nor the importunity of the parents in demanding an operation at all hazards. The surgeon should stand guardian over such a charge, mindful of the limits of the art of surgery. Have we a right to estimate human happiness? The driveling idiot has many enjoyments that you and I know nothing about. His responsibilities to God and man are limited and his existence on earth is a long, happy dream, which only ceases when the soul leaves the imperfect body and returns from whence it came, where mental distinction is unknown."

### Abdominal and Pelvic Surgery.

In abdominal surgery, perhaps, the most brilliant advances in operative work have been recorded. The surgery of this cavity has been simply marvelous when we consider the short time in which it has all been accomplished. The invasion of the abdomen prior to the enunciation of the principles of antisepsis was a venture hazarded only under conditions of most exacting necessity, and then with fear and trembling by even the boldest of surgeons. How marvelous the change, when now the operation is of almost daily occurrence in the practice of surgeons of eminence, and by many declared a safe and wise procedure even for exploration and diagnosis! Has not our enthusiasm here also carried us beyond the limits of scientific rationalism, and made surgery in many instances more a matter of mechanical dexterity than of mature judgment and wisdom?

The present trend of surgical opinion certainly appreciates this as a fact. While the conscientious surgeon

should not now hesitate to open the abdomen under any circumstances of accurate indication, yet he must, if he be true to the teachings of experience and honest in his relations to his reliant patient, remember that the opening of the abdominal cavity is not absolutely free from much danger even in simple cases in the hands of trained operators, and under strictest precautions. the old axiom, "Be sure you are right and then go ahead," is worthy the memory of the scientific surgeon even to-day. Let us be thankful that the brain is once more to be recognized in surgery and not the hand alone.

Appendicitis.—From the many operations within the abdominal cavity I have singled out appendicectomy for a brief consideration; not because it is more important than many others, but because herein radical surgery has gone to its absolute extremes and been thoroughly tested and discussed. Just what is the proper relation of surgery to the inflammatory affections of the appendix is, in my judgment, still an open question. The insidiousness of the disease, its manifold aspects clinically, the uncertainty of the differentiation of its various forms, and the impossibility of foretelling its course, render a scientific and fixed stand impossible in the light of our present knowledge. Unfortunately, the mass of clinical observation in appendicitis scientifically recorded has been from cases surgically treated. This aspect of the disease has therefore been carefully weighed. A corresponding amount of evidence regarding the non-surgical treatment is not obtainable. True, appendicitis must have been treated for many years medically, before the surgery of the appendix was ever introduced. At that time, however, the pathology of this condition was practically unknown, and its differentiation from

other conditions, such as general peritonitis, obstruction of the bowels, fæcal impaction, typhoid fever, etc., was so utterly obscure that accurate data were never had, and retrospective diagnoses and records are utterly unreliable. Since its recognition as a distinct disease, on the other hand, the fashionable treatment has been so largely surgical that we are just now beginning to acquire medical statistics for scientific comparison. The result of these researches is an unmistakable trend toward conservatism. A few years ago the almost universal doctrine was "surgery alone and surgery immediately." It is to be hoped that we will never drift back to the old do-nothing course. A judicious selection of cases, however, and a correct decision as to the time for operation in the various forms, are worthy of thought and honest discussion. Says Hunter McGuire, in a recent paper on this subject: "I am not always in a great hurry to operate, but I am inclined to wait for the more acute symptoms to wear off, and operate, if at all, after suppuration has taken place or during the quiescent stage between the attacks. I wish my voice was strong enough just here to call a halt to the men who say, 'Operate at once—not this afternoon, or to-morrow, but now, in all cases when the disease is recognized.'" Concerning the class of cases for operation, Herbert W. Page says: "Increasing experience shows that the affections of the appendix which call for surgical intervention fall into two main classes: (1) those in which there is perforation by a concretion, and (2) those in which the appendix has had its lumen temporarily obstructed by kink or cicatricial contraction, so as to cause retention of mucus and fæces, which lead to inflammation in and around it. The former cases are the more serious and call for early

operative measures in order to evacuate local collections of pus; the latter are to be dealt with in periods of quiescence, when the disturbance of adhesions is less likely to be dangerous, and aseptic conditions can be more readily secured."

Senn very tersely summarizes his position in the following words: "The custom followed by many American surgeons, to remove the appendix in all cases in which a diagnosis of appendicitis is made, is a very harmful one. The removal of the appendix should be limited to (1) those cases in which during the first attack symptoms arise which portend danger to life, and (2) to relapsing appendicitis. Some cases of appendicitis yield to medical treatment, and in a large percentage of such cases the patients remain free from a second attack." These expressions suffice to indicate the judgment of some of our best men both at home and abroad. There are, however, many other surgeons of unquestioned ability who still retain radical views. A sound conservatism is undoubtedly desirable and will soon, I believe, be unchallenged. I have no sympathy, however, with the willful ignorance of those who state that ninety per cent. of all cases of appendicitis will get well without surgical intervention.

Extirpation of the Uterus and Ovaries.—A few years ago I heard an able gynæcologist say that "the only gynæcology was surgical gynæcology." His statement was in pretty accurate accord with the work of the gynæcologist of that time. The long-established customs of medical therapy in the diseases of the female generative organs was practically abandoned, nay, even ridiculed, and surgery ran rank and wild. The craze for operative records seems to have clouded entirely the

conscience and high moral tone of our profession. The remotest future possibility of danger alike with evident present necessity was considered justifiable indication for the extirpation of organs whose vital importance to the physical, mental, and moral welfare of woman is immeasurable. Given a pain or other evidence of disease of the female generative organs, however trivial, and forthwith the far-seeing surgeon pictured to his mind, and to that of his victim, visions of most alarming future calamity and miserable death, unless these threatening organs were at once removed. An ovarian neuralgia, visions of pus sacs—an urgent oophorectomy. A minute fibroid, sarcomatous degeneration—hysterectomy. How many a woman in apparently absolute health and with prospects of a long and happy life before her has found a premature grave from our surgical zeal! How many more have on slightest or no provocation been unsexed and unstrung! Is it not time for the manhood as well as the science of our profession to call a halt to such work? To their credit be it said, many of the leading gynæcologists are themselves beginning to sound the note of retreat; and nothing is more apparent in the literature of pelvic surgery in the past year than a distinct trend toward scientific conservatism.

In the recent edition of the *American Yearbook of Medicine and Surgery*, under the head of Diagnosis of Pelvic Inflammatory Diseases, occurs the following expression: "The profession at large is awakening to the fact that a very large proportion of tubes and ovaries are annually uselessly sacrificed either to an absolute inability on the part of the operator to recognize the true condition, or to a culpable neglect on his part to accomplish an absolute diagnosis."

How often has a laparotomy been made with but the slightest effort to ascertain the condition present; and when perfectly healthy, or at the furthest but slightly damaged organs were found, they were nevertheless removed lest they cause some subsequent trouble, and to justify to the patient the ignorant and careless work of the operator, who must show some trophy of his butchery! In the light of these facts it is a gratifying indication to receive from the pen of so well-known a gynæcologist as Howard A. Kelly, of Johns Hopkins University, the following expression: "Conservatism is undoubtedly the progressive spirit of gynæcology; exsective and amputative gynæcology has gone to its extreme limits, and the more thoughtful surgeons looking at all the questions involved, in their broader aspects, have already sounded the keynote of the new advance." The rule for operative interference in fibroids given by Mr. Champneys, president of the London Obstetrical Society, may well be given a broader application to all conditions indicating radical procedure. Says he: "The number of cases in which operation is justifiable or desirable must, generally speaking, be regulated by the ascertained risks of the tumor [or disease] against the ascertained risks of the operation; the former must exceed the latter before operation could be justified." Life must be reckoned as the first object of our care, to be hazarded only on most certain indications.

But not alone in the decreasing number of capital operations has conservative thought manifested its influence. The second care of true conservatism is in the preservation of function. The rapid multiplication of more conservative methods and measures in operating is in line with the recognition of this princi-

ple. If surgery be indicated at all, let it be the simplest and safest and the least disturbing to function consistent with the subsequent welfare of the patient, is a doctrine which certainly appeals to our judgment as well as to our conscience, and at last we are beginning to appreciate its weight. Among these conservative measures, replacing more radical ones, may be enumerated the following, as cited by Kelly in the paper above alluded to:

1. Resection of diseased ovaries and opening and draining tubes, instead of extirpation of these organs (Polk).

2. Myomectomy as a substitute for hystero-myomectomy (Dudley).

3. Opening and draining pelvic abscesses, posterior to the uterus, through the vagina instead of by the abdominal route (Henrotin).

4. Vaginal drainage in some cases of extra-uterine pregnancy in place of abdominal extirpation (Kelly).

5. Excision of both large and small parovarian cysts without sacrificing ovary and tube (Kelly).

And to these might be added—

6. Curettement and packing of the interior of the uterus in all cases of subacute or chronic tubal disease, rather than premature excision of the affected tube (Polk).

A most eloquent tribute to the success of conservatism in dealing with the appendages is the record of thirty-two childbirths in twenty-nine women whose appendages were conserved; surely an object lesson which the thoughtful surgeon should not soon forget.

And thus it will be seen that all along the lines in surgery a conservative trend is apparent. We are now sift-

ing the gems from the sands we have shoveled in past years, and separating the true from the false doctrines of modern surgery. The most precious metals are in mining found oft mixed with many that are dross; and no true progress is ever made in life without mistakes along the way. The day of extreme radicalism is passing fast; but, had it never dawned, the sunlight of to-day's conservatism would never have shown through Ignorance's sable cloud.

# The New York Medical Journal.

*A WEEKLY REVIEW OF MEDICINE.*

EDITED BY

FRANK P. FOSTER, M.D.

---

THE PHYSICIAN who would keep abreast with the advances in medical science must read a *live* weekly medical journal, in which scientific facts are presented in a clear manner; one for which the articles are written by men of learning, and by those who are good and accurate observers; a journal that is stripped of every feature irrelevant to medical science, and gives evidence of being carefully and conscientiously edited; one that bears upon every page the stamp of desire to elevate the standard of the profession of medicine. Such a journal fulfills its mission—that of educator—to the highest degree, for not only does it inform its readers of all that is new in theory and practice, but, by means of its correct editing, instructs them in the very important yet much-neglected art of expressing their thoughts and ideas in a clear and correct manner. Too much stress can not be laid upon this feature, so utterly ignored by the "average" medical periodical.

Without making invidious comparisons, it can be truthfully stated that no medical journal in this country occupies the place, in these particulars, that is held by THE NEW YORK MEDICAL JOURNAL. No other journal is edited with the care that is bestowed on this; none contains articles of such high scientific value, coming as they do from the pens of the brightest and most learned medical men of America. A glance at the list of contributors to any volume, or an examination of any issue of the JOURNAL, will attest the truth of these statements. It is a journal for the masses of the profession, for the country as well as for the city practitioner; it covers the entire range of medicine and surgery. A very important feature of the JOURNAL is the number and character of its illustrations, which are unequaled by those of any other journal in the world. They appear in frequent issues, whenever called for by the article which they accompany, and no expense is spared to make them of superior excellence.

---

**Subscription price, $5.00 per annum. Volumes begin in January and July.**

---

PUBLISHED BY

D. APPLETON & CO., 72 Fifth Avenue, New York.